

The Times and Register.

VOL. XXVIII. No. 22. PHILADELPHIA, DECEMBER 1, 1894. WHOLE No. 847.

Original.

CASTRATION FOR HYPERTROPHIED PROSTATE.*

BY B. MERRILL RICKETTS, PH. B., M. D., CINCINNATI.

It seems unkind that a man in declining years should have any difficulty whatever in evacuating the urinary bladder. However unkind it may seem, however, or however thoughtless nature was in the construction of the anatomy of the genito-urinary organs of man, the fact nevertheless remains.

Whether or not it is the result of man's own folly in having lived an irregular life in any one or more of the various dissipations, or whether it is due to any fault in the mode of living of any of his ancestors does not seem to be well understood. That there is some relation between a hypertrophied prostate and tuberculosis I do not question. That the prostate may be influenced more or less by several of the constitutional diseases, especially the acute local diseases of the rectum and genito-urinary system; that a diseased rectum has more or less influence upon the prostate is a foregone conclusion. Hemorrhoids, fissures, fistulae, together with strictures, ulcerations and malignant growths, have their influence; in fact, any abnormal condition in the pelvis that will cause congestion is likely to cause the prostate to become larger. It is fibrous in its structure and well supplied with blood vessels and nerves. It is subjected to all the influences arising from the various abnormal con-

ditions of the urine, and especially influenced by a urine that is excessively acid.

The prostate of a man who drinks beer, gin, wine or alcohol in any form is more or less congested and hypertrophied. Its office is supposed to be that of secreting fluid to mingle with that secreted by the testicle. If this is so, excessive coition has its bad influence, and no doubt is many times the cause of hypertrophy in persons with otherwise the most temperate habits. The relation of the testicle to the prostate does not seem to be well understood, unless its office is wholly for this purpose. However, the removal of the prostate does not seem to have any influence upon the testicle. The question naturally arises, what influence will the removal of the testicle have upon the prostate.

It is an established fact that eunuchs who are made such in childhood never have perceptible prostates. It is also a fact that lambs, dogs, cats, and calves, that have been castrated, are without prostates. This I believe holds good with any animal.

It stands to reason, then, this being the case, that the prostate will atrophy even though the testicles be removed in later life. This may be the reason for degeneration of the testicles in the very old; this, perhaps, is nature's own way of bringing about an atrophied condition in cases that are not unfrequently met with, where the testicles undergo degeneration. Therefore, if this is so, we must give nature credit for more than she has formerly been credited with.

If this is the case, perhaps hypertro-

*Read before the Mississippi Valley Medical Association, Hot Springs, Ark., November 20-24, 1894.

phied prostate is the result of some irregularities in the living of man, either directly or indirectly. Thus far there does not seem to have been any surgical procedure giving the least benefit whatever to those so afflicted with the greatest danger. The supra-pubic or perineal section, either one or both combined, are attended with great danger.

This being the fact makes it necessary for the surgeon to look further for the relief of this unfortunate condition. True, aseptic surgery combined with improved technique, has made it possible for the prostate to be removed by either one of these means with comparative safety; but as the result in surgery, like many other things, is so uncertain, we have not the right to say who will get well or who will die. Even where the patients survive the operation, many of them are neither cured nor even relieved.

As this hypertrophy is found mostly in the old, the operation is all the more complicated. Serious hypertrophy incapacitates a man, as a rule, for business or any enjoyment whatever. It is progressive, and in the course of time develops to such a degree that almost anything is preferable to living. The patient in this, as in many other abnormal conditions, becomes desperate and is willing to take his chances in almost any operative procedure.

If, therefore, the disease has progressed to such a degree, and the patient is suffering to the extent of demanding some surgical interference, is it not but right to do that which offers him the greatest relief, even though it should be asexualization?

Fortunately, this disease usually manifests itself at a time when the sexual life is practically at an end. Even though it were not, the major portion of them would be willing to undergo the operation of castration in preference to living a life of suffering and unhappiness or undergoing any one or more of the more serious and complicated operations, especially as the operation of castration is of itself a simple one and can be done without practically the least danger to the patient. Of course, the operation should not be made without the patient's consent and his knowledge of the results. From a human standpoint, no man after the age of 70 years should be allowed to beget a child, however great his desire may be. Fortunately,

there are not many after that age who have the desire or ability to do such a thing.

Believing as I do, then, that the end justifies the means and that the preponderance of evidence is in favor of castration, producing atrophy of the prostate, I have recently, of course with the consent of the patient, made a castration for hypertrophied prostate.

The patient was white, aet. 74, in a fair physical condition, about six feet tall, weighing 160 or 170 pounds, having formerly weighed something like 200 pounds; consulted me October 23, for a most pitiable condition. The attending physician had not been able to introduce a catheter of any kind into his bladder, although many attempts had been made. The desire for urinating was frequent, being something like thirty times during the twenty-four hours. The pain was severe and sleep could not be obtained. No kind of medication seemed to give any relief. He had been a temperate, industrious farmer, without ever having had gonorrhea or syphilis. He was the father of a large family, and had within the year had an attack of remittent fever. The prostatic trouble was very much aggravated during and following this attack. He remarked that he would rather be dead than suffer as he had suffered, and that he was willing to undergo any operation that I might suggest. My inclination at first was to make a supra-pubic operation, possibly combining the supra-pubic and perineal.

After thoroughly considering the matter and explaining to him the probable results of the various operations, I decided to remove his testicles. After having him under observation for ten days, I proceeded to operate on the 23th of October, in the presence of Drs. Schenck, Spargur, Joseph Ricketts, Green and Kunz, and my students, Robinson and Laughlin. I removed the testicles. The arteries were torqued, the wound closed, and integument coapted with a continuous silk-worm suture.

The patient rallied well from the chloroform and suffered no inconvenience of pain thereafter. The wound was examined on the fourth day and primary union was found to have taken place. He left my hospital at the end of the sixth day. On the second day after the

operation he told me that he could urinate with greater ease and that the pain was slight; that he could sleep four hours at a time during the night, whereas formerly he had been getting up once every hour. This condition continued to improve during his stay in my hospital.

To Ramm, of Christiana, no doubt belongs the priority of this operation for hypertrophied prostate.

Watson claims that unilateral castration will cause unilateral atrophy of the prostate.

"Cousins' opinion is that whatever the result of division or excision of a portion of the vast deferens might be upon the prostatic symptoms so common in old men, in young men this accident was always followed by more or less atrophy and permanent injury of the testicle.

"He had known this accident occur during the old methods of operation for stone."

It is a fact, however, that the removal of the testicles will cause the prostate to disappear even when done late in life.

Mansell-Moullin says that there is no need to fear that it will be followed by any of the changes in the secondary sexual characters that occur when castration is performed in early life.

The following is a list of the operations thus far reported and by whom made, not one failing to result in recovery:

Ramm, April, 1893.....	2
Haynes, California.....	3
Smith, St. Augustine.....	1
White, Philadelphia.....	1
Powell, (Accidental).....	1
Moullin	1

Total 9

The results obtained by these operations, to say nothing of the observations of Mr. White upon the lower animals, are, I am quite sure, of sufficient evidence to warrant the operations of castration to be made in cases of hypertrophied prostate where the patient gives consent.

—"The Trinidad," No. 137 Broadway, Cincinnati.

TREATMENT OF BURNS WITH ARISTOL—A CLINICAL NOTE.

BY PROF. ANASTASIUS HAAS.

In recent times attention has been directed to the anesthetic action of aristol, and it has been especially shown

that when applied to burns the remedy exerts a remarkably favorable influence in relieving the pains which attend these accidents.

Aside from this, aristol occupies a high place as a cicatrisant, as has been demonstrated by a large number of observers, and also possesses powerful antiseptic properties. It is for these reasons that the remedy appears to be especially suitable, it may be predestined, for the treatment of burns.

It is noteworthy that under its use the duration of healing is remarkably short, and that the pains are almost instantly relieved. In confirmation of this statement the following notes are presented:

R. Buñill, Barcelona, describes a case of burns of the arm, in which he observed that a solution of aristol in oil, as well as a mixture with lanoline (10 per cent.) produced a marked alleviation of the pains, and accelerated the healing process.

Von Kliegl reports a number of cases of burns from the surgical clinic of Prof. V. Mosetig-Moorhof, in Vienna, and states in conclusion "that of all other remedies employed in burns aristol, in the form of 10 per cent. salve, proved the most serviceable."

Whiteleath (New England Medical Monthly, May, 1893) and Stern (Prescription, February, 1894) extol the value of aristol ointment in burns, especially on account of its analgesic properties. Stern has obtained equally satisfactory results from a 10 per cent. salve of aristol and vaseline in burns and scalds. In a case of burns of the forearm of the third degree, healing took place in less than a month; in a case of scalds by hot water, in which almost the entire body was covered with blebs, in the course of two weeks.

Professor Demme, of Berne, in his well known "Therapeutic Contributions from Pediatric Practice," states that his treatment of burns is as follows: After evacuation of the contents of the blisters he applies cloths moistened with liniment of linseed oil and lime water; later he covers the affected parts with a thick layer of iodoform or aristol gauze, over which is applied a layer of cotton and a bandage.

MacCoy (New England Medical Monthly, December, 1893), reports a case of burns in a fireman, whose legs as far

as the soles of the feet were scalded by steam. The skin hung in shreds, and there was a profuse fetid suppuration. The wound showed no tendency to heal. After application of an aristol ointment, however, excellent results were obtained, even at the end of twenty-four hours. Healing rapidly progressed, more rapidly than the author had ever observed. In a practice of 28 years he had never witnessed such satisfactory results.

These favorable reports induced me to avail myself of aristol, especially as I had abundant opportunity to observe and treat numerous cases of accidents in chemical and similar factories.

In burns due to chemical agents, in which heat usually plays a part, we generally meet with the severe forms of the second and third degree. The symptoms of these burns are well known, and I will not exhaust the reader's patience by the narration of clinical histories, for the aim of this communication is simply to call the attention of practitioners to the advantages of aristol treatment in this class of cases.

In the treatment of burns the chief indication, after the affected parts have been disinfected, is to keep away all injurious agents from without by means of a mild non-irritant antiseptic, and thereby to produce rapid and painless cicatrization. These properties belong to aristol in a remarkable degree. In numerous cases I was able to demonstrate that the painfulness of the burned areas rapidly subsided and failed to return under the influence of aristol. Furthermore, aristol forms a protecting antiseptic cover of great uniformity, and finally, and this is of chief importance, we were able to confirm in cases of burns the fact observed in other conditions, that this remedy exerts excellent effects in promoting granulation and bringing about cicatrization. Therefore, it fulfills all the requisites of a remedy for the treatment of burns, and is far preferable to iodoform, especially in cases of extensive burns, because it is entirely innocuous. Even large areas of the body can be covered without risk with aristol, while in the case of iodoform, which was formerly awarded the first place in the treatment of burns, we were never assured against the danger of severe intoxication, especially in extensive burns.

The treatment of burns should therefore be as follows: First, the affected parts are disinfected thoroughly with

2 per cent. solution of boric acid, and the vesicles are opened. In less extensive burns, in order to insure more complete disinfection, it will be more advantageous to employ a stronger disinfectant. The burned areas are then sufficiently covered with aristol gauze, over which is applied a layer of sterilized cotton, gutta percha paper and a bandage, the dressing being renewed when required. It is not advisable at first to dust the aristol powder directly upon the burned places, because this might impair the absorption of the wound secretions by the dressing. At a later period, when the secretion has diminished, the aristol may be insufflated in substance, or applied in the form of a 10 per cent. ointment, which will produce a rapid cure.

I make use for this purpose of the following formula:

	Grains.
R. Aristol	5.0-10
Ol. Oliv.	20 0
Sol. Adde	
Vaseline	
Lanolin	40 0
M. f. ungt. D. S. Ointment for burns.	
—Morgagni, July, 1894.	

Society Reports.

THE TWENTIETH ANNUAL SESSION OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION WAS HELD AT HOT SPRINGS, ARK., NOVEMBER 20, 21, 22, 23.

Dr. X. C. Scott, president of the association, in a few appropriate words introduced Gov. William M. Fishback, who delivered the address of welcome in behalf of the State. He spoke of the honor conferred upon him by such an august body and spoke in high terms of the rapid progress the medical profession had made in the last two centuries. He alluded to the educational progress of Arkansas and closed with a few remarks welcoming the gentlemen to the State.

After the announcement of the committee on credentials, the annual address of the president was read. The address was masterly and comprehensive. In the address the president touched upon various matters pertaining to

the organization, pointing towards the more thoroughness in conducting the business of the association. He spoke in the warmest terms of Col. H. C. Townsend for the interest he had taken in securing a reduction of railroad fare, which resulted in the large attendance of the members of the association. The convention then adjourned until 2 o'clock P. M.

Afternoon session.—In the afternoon the first paper read was by W. S. Kerr, of Mansfield, Ohio—"Some observations on the rights and duties of medical witnesses."

In this paper the reader outlined the difficulties under which expert testimony is given from the lawyer's standpoint. The paper was discussed by Dr. Harold N. Majer, of Chicago, who elucidated some of the shortcomings of the legal fraternity, deducing his observations from extensive personal experience.

The discussion was continued by Dr. Hughes, of St. Louis and Kirby, of Harrison, Ark. The point at issue was as to the matter of compensation for such testimony.

The second paper was, "Bone and Joint Tuberculosis," the future field of litigation against railways, by Dr. Emory Lanphear, of St. Louis.

The burden of the argument was that minor sprains are frequently primary cause of tuberculosis; that tuberculosis is not inherited, but always acquired.

The next paper was by Dr. Robert H. Babcock, of Chicago, on "Enlargement of the heart without valvular disease, with special reference to treatment." This paper was highly scientific, still exceedingly interesting, heightened by the fact that the speaker is entirely blind.

"Oxygen as a heart tonic and some of the benefits which may be derived from its use as such," was the third paper, read by Dr. W. T. Baird, of Dallas, Texas.

Dr. W. H. Daily, of Pittsburg, Pa., was on motion permitted to read a voluntary paper, "Malaria, a water born disease." The object of the argument was to establish by experience and proofs by observation that malaria diseases are contracted only by drinking malaria infected waters. Dr. Hughes in the discussion that ensued insisted that it is also a vapor born disease and cited his own experience in substantia-

tion that vapor is the carrier of malaria.

In response Dr. Daily said that without being a prophet, or the son of a prophet, neither the seventh son of a seventh son, he felt confident in making the assertion that within five years the idea that now prevails relating to the matter of the conveyance of malaria germs by the atmosphere would be consigned to the realms of nonsense.

The concluding paper of the day's session was read by Dr. A. Ravogli, the subject being, "The influence of early treatment on late manifestations of syphilis." It was a comprehensive paper, scientific and advocated the earliest constitutional treatment after the appearance of symptoms, as the initial lesion is no criterion as to the gravity of the lesion.

Second day, Wednesday morning.—A paper on "Intestinal Indigestion" was read by Dr. A. P. Buchanan, Fort Wayne, Ind.

The chairman announced the names of the Committee on President's Address: Drs. W. W. Patton, Buffalo, N. Y., chairman; I. N. Love, St. Louis; Thomas Hunt Stuckey, Louisville, Ky.; A. S. Garnett, Hot Springs, and C. B. Parker, Cleveland.

Dr. C. J. Woodbridge, of Youngstown, O., read a paper, "Typhoid fever can be aborted; another year's work with no death and no failure in evidence." The paper—a lengthy one—was followed by another, "Ox gall treatment in typhoid," which inaugurated the most interesting part of the morning's discussion. In his paper Dr. Woodbridge assumed the position that any case of typhoid fever could be aborted in from six to twelve days. These papers elicited the greatest interest and discussion since the meeting convened.

The consensus of opinion was antagonistic to the views expressed by Dr. Woodbridge. Dr. Love, of St. Louis, the first speaker, censured in severe terms the dogmatic position assumed by the author in stating that "any physician who lost a patient from typhoid fever should be sued for malpractice." After elucidating the changes taking in the intestines during the fever Dr. Humiston pointed out the inaccuracies in the tabulated reports submitted.

Dr. Potter, of Texas, gave as his experience of forty years that the condi-

tions contributing to produce the typhoid varied as to the climate, habits and surroundings.

Dr. G. Frank Lydston, of Chicago, pointed out the importance of correct diagnosis; that to do this time was necessary, it being impossible to make this diagnosis in one or two visits.

Dr. Loring, of Ohio, made a very interesting and witty speech, concluding that the principal treatment was to "cool the patient when hot, to warm when cool, to stimulate when weak, and to tranquilize when wakeful."

Dr. Woodbridge, in conclusion, took exceptions and made strong objections to the outrageous manner in which he had been treated. He declared that time alone would confirm the corroborations of his views.

Interesting discussions followed the reading of the paper on "The Importance of Urinalysis in Diagnosis," by Dr. A. B. Walker, of Canton, O., and "My Experiences With Gold as a Therapeutic Agent," by Dr. A. M. Owen, of Evansville, Ind.

Wednesday Afternoon.—At the beginning of the afternoon session the Nominating Committee were announced: Drs. Love, St. Louis; Lydston, Chicago; Cook, Indianapolis; Potter, Texas; Collings, Hot Springs; Walker, Detroit; Coffin, Kansas City; Barclay, Pittsburg, Pa.; Holland, Hot Springs.

The first paper of the afternoon session was by Dr. Sturmy Loring, of Columbus, O., "Physicians' Prescriptions." The paper dwelt upon the carelessness of physicians in their chirography in writing prescriptions.

"Toxics," by Dr. William F. Barclay, of Pittsburg, was a scholarly and scientific paper.

"Quinine in Chorea" was the succeeding paper, read by Dr. Frank R. Fry, St. Louis. This paper was discussed at considerable length by Drs. Hughes, of St. Louis; Harrold Moyer, of Chicago; Ricketts, of Cincinnati; Ashton, of Texas, and others.

"Reflex Irritation as a Cause of Nervous Diseases" was the subject of an interesting paper by Dr. Edwin Walker, of Evansville, Ind., which was also discussed at considerable length.

An exceedingly interesting and entertaining paper was that of Dr. Harrold S. Moyer, of Chicago, his subject being "Accident and Injuries From Electric Currents of High Potential." It was scientific, and betrayed great research and observation.

(To be continued.)

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Subscription Price, - - \$1.00 Per Year.

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PUBLISHED BY

THE MEDICAL PUBLISHING CO.

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Room 718, Betz Building.

PHILADELPHIA, DECEMBER 1, 1894.

THE LARGE INCISION IN EXTIRPATION OF MAMMARY TUMORS.

The subject of the most radical measures for the extirpation of cancer of the breast has again received a fresh impetus in America, of late, especially through late contributions presented by such high authorities as Drs. Bull and Meyer, of New York, and Halstead, of Baltimore.

These latter authors, proceeding on the assumption that cancer is at first a local disease, and that an early operation which will involve a wide extirpation of diseased areas, now advise that after a rhomboid division of the mammary gland is made, we should carry the scalpel far up, into the axillary space, remove the under layer of the mammary capsule and the pectoral fascia, and thoroughly dissect away all the axillary glands.

Some would go as far as to make a wide breach in the integuments, away

from the tumor and then, instead of bringing the divided edges into opposition with nature, endeavor to fill in the gap, by grafting of the scarf skin. Dr. Willey Meyer, of New York, has recommended that the dissection be made more radical yet, by recommending that the pectoralis major and minor muscles be always completely swept away.

Thus it seems that operative surgery has taken another plunge. Now let us see what we hope for through the new departure.

First, with reference to statistics of so-called cures:

Now, if there is any one clinical law more definite and absolute than the positive certainty of cancerous re-growth we should like to know it; nay, it is even a question to-day whether any sort of operation ever arrests its progress when once started.

Thus, Sir James Paget, the celebrated surgeon and pathologist of world-wide renown, seriously questions whether surgery, as a whole, in any manner prolongs life in those cases, and it is said of the late Dr. Henry B. Sands, that for some time before his death, his experience had been so discouraging that in a large number he strongly advised against operations.

Statistics, however, now point the other way; but who has forgotten "Conderango," which was reported to have cured every type of cancer? And does not everyone know that statistics may prove anything?

The fatal objections against the "complete" operation on the breast is that in a considerable number of cases, the neoplasm is benign, in which event such an extensive mutilation would be a serious calamity. For this axillary incision always leaves a dense, deep scar, which limits for all time shoulder-joint action, causes a painful pressure in the brachial plexus, and so much tension on the axillary vein as to interfere with the venous circulation.

But it may be said that the lymphatics are congested and indurated, or perchance they are the seat of malignant cello-proliferation and hence should be removed.

The fact is, however, that in a considerable number of cases as soon as the diseased breast is removed the tumefied glands quickly resolve to their normal size or greatly disappear.

Certainly, if there were hard, nodulated masses in the armpit, they should

simultaneously be extirpated, but not otherwise, as the axillary incision always adds a new element to the danger of operation.

The fact that cancer elements may be found in the enlarged glands proves nothing, for the chances are that the same infiltrate has more or less generalized before the adenomatous manifestations are pronounced, and no doubt infect all the adjacent tissues, through the osseous and vascular; and general invasion is too widespread to permit of radical extirpation.

There is no proof, then, that there is anything to commend the radical operation, so called, in any except unusual cases; on the contrary, its additional dangers to life and the certainty of the scar it leaves, forever restricting arm movement and causing constant pain, are my serious and valid objections against it.

DEATH BY ELECTRICITY.

RESUSCITATION BY THE D'ARSONVAL PLAN.

The recent resuscitation of a man in Pittsfield, Mass., by the d'Arsonval plan, after he had received 4600 volts of electricity from live wires, as was alleged, and had been apparently dead for seven minutes, has been much commented on, particularly by the New York papers, who have used it in support of Dr. d'Arsonval's theory that the criminals electrocuted in New York State do not really die until the autopsy is performed by the surgeons.

Professors Edwin J. Houston and A. E. Kennelly, of this city, recently made some experiments upon animals at their laboratory, in West Philadelphia, by which they settled in their own minds and demonstrated to the satisfaction of the medical experts present that death by electricity is instantaneous, painless and absolute.

Mr. Kennelly attended one of the electrocutions at Sing Sing, and gave testimony in the case where the legality and constitutionality of electrocution was tested. He also conducted some experiments upon animals in Thomas A. Edison's laboratory, which resulted in the

adoption of the method of electrocution by the State of New York.

Mr. Kennelly when asked his opinion of the Pittsfield resuscitation said: "There is no question about the evidence that the man who received the shock at Pittsfield was rendered unconscious without pain. It makes clear evidence that the criminals in New York are executed painlessly. There is no evidence on the face of the accident to prove that, if the application had been made more powerfully, more effectively and for a longer period, he would not have been killed.

"Naturally, a person on receiving a shock contracts his muscles and draws away from the wire. The contact is but for a second. The condition is entirely different when the appliance is made more scientifically and with a larger area in contact. In this accident but a fraction of a square inch came in contact with the wire, and normally the skin is a poor conductor of electricity.

"Four thousand, six hundred volts is no criterion, in the same way that the number of pounds per square inch pressure in a boiler before its explosion is no criterion to the amount of damage done to a man standing some distance away. The danger of and injury performed by the electrical current depends on the current and not on the pressure by which the current is applied. In executing a criminal the power employed is about sufficient to operate 10 incandescent lamps, and represents an expenditure of power in the body of the criminal equal to 10-horse power, whereas the amount of current in this accident case at Pittsfield is not stated, and probably was not measured, and may, in spite of the high pressure of 4600 volts, have been insufficient to light a single lamp, or only 10 per cent. of that used in New York State.

"Consequently, with the duration of the current unknown, and probably short, and with the strength of the current unknown, and probably very small, no comparison can be made of the effects in this accident with those in New York electrocutions.

"In the case I witnessed at Sing Sing the criminal was declared to be dead after stethoscopic examination of the heart and an examination of the eye, five minutes after he entered the death chamber, by concurrent opinion of all the medical

examiners present. Both Professor Houston and myself regard the statement made by Dr. d'Arsonval, that the electric current only suspends animation and death was produced in the autopsy, as incorrect.

"In our opinion, the electrical current, when properly administered, is absolutely fatal, and there is no hope of resuscitation. On the contrary, when an accidental shock is received it is quite likely that the patient is only apparently dead, and can be resuscitated by prompt and energetic means. Whether there is hope or not, every means should be tried.

"We think, therefore, that Dr. d'Arsonval is right in his recommendations, but is entirely wrong in his generalizations concerning criminals so executed. Some twenty criminals have been electrocuted so far, and excellent medical skill has always been represented, but none of these State witnesses have ever published their declaration that a man whom they stated to be dead could be resuscitated."

Book Notes.

AN ILLUSTRATED MONOGRAPH ON KOLA. Part 1. Pharmacognosy (Schlotterbeck). Part 2. Physiological and Therapeutic Actions (Stewart). Part 3. A Clinical Study of Kola (Shoemaker). Part 4. Bibliography. Published under the direction of F. E. Stewart, M. D., Ph. G., Director Scientific Department, F. Stearns & Co. Published by Frederick Stearns & Co., Detroit, Mich., 1894. Price—free to physicians sending for it.

This little monograph on kola is admirably illustrative of the action of this plant, its botany and clinical study. The pamphlet is finely executed as to style, illustrative cuts and neatness. The perusal of it shows much scientific work by the gentlemen editing the various chapters, which gives the reader all the knowledge of the medicinal uses of kola up to the present. We advise our readers to send for a copy, mentioning this journal.

BOOKS AND PAMPHLETS RECEIVED.

REPORT ON TYPHOID FEVER IN THE DISTRICT OF COLUMBIA. Government Printing Office.

TRANSACTIONS OF THE MEDICAL ASSOCIATIONS OF THE STATE OF GEORGIA, 1894.

TRANSACTIONS OF THE MEDICAL SOCIETY OF PENNSYLVANIA, 1894.

INTERSTATE QUARANTINE REGULATIONS OF THE U. S.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

EXCISION OF KNEE-JOINT—FINAL RESULTS IN THIRTEEN CASES.

At the Massachusetts General Hospital, during ten years previous to 1891, ninety-nine excisions of knee were performed. Thirteen of these cases reported in periods varying from four months to six years afterward, averaging three years after the time of operation. The results may be summarized as follows:

Shortening, $\frac{1}{2}$ to 3 inches.

Average shortening, 1 6-7 inches.

Union complete in twelve.

Movement slight in one.

Limp slight in all cases.

Deformity, not stated.

For internal fixation, metal sutures give the best results.

Transverse incision through ligamentum patella is preferred.

For external support, preference is given to plaster of Paris, extending from the toes, and including the pelvis, holding the foot at right angles.

For at least a year or more, the unprotected leg should not be allowed to bear the weight of the body.

It is better to remove the patella, as it serves no useful purpose.

—Charles L. Scudder, in Boston Medical and Surgical Journal, August 2, 1894.

THE OPERATION FOR APPENDICITIS.

Dr. R. T. Morris, in the International Journal of Surgery, gives the following as the technique of the operations for appendicitis.

The first step in this operation is to measure off one and one-half inches at this point, on a line with the external oblique aponeurosis. Before making the incision the skin should be stretched, so as to bring the margins closely together afterwards when we are ready to close the wound. Then make your incision, cutting through the external oblique aponeurosis and then through the internal oblique and transversalis muscles. You then pass a ligature through the internal layer of muscles on each side of your incision, this ligature is held by an assistant and serves a guyline, by means of which these muscles are controlled and closely ap-

proximated afterwards. The first thing that comes into the wound here is the cecum, which is readily distinguished by the touch and also by its color, and here you see two longitudinal white lines or bands, which lead to the appendix. In spite of the numerous adhesions I now know with absolute certainty that I hold between my fingers the base of the appendix. I shall now loosen the adhesions, which are very firm. There is considerable venous oozing, which is readily checked by putting the tissues on a stretch. Having freed the appendix I shall now snip it off and bury the stump, so as to obviate the possibility of a mucous fistula or secondary perforation. The stump is inverted, and then two or three Lembert's sutures are inserted, so as to get adhesion between the peritoneal coats. By means of the guyline, the internal oblique and transversalis muscles and peritoneum are now approximated and sutured with catgut.

FRACTURES OF THE LEG.

Jacques Borelius states that permanent extension should be employed in but comparatively few cases when reduction under narcosis has not been successful or where it has been impossible to maintain reduction. The cleansing of the open wound in complicated cases is a matter of great importance. In most cases suture through the bones is not necessary, suture of the cortical portion being sufficient to fix the fracture. In making such a suture care must be had not to dissect the periosteum and soft parts too freely from the ends of the fracture.

—Hygiea, lvi, 6, 578.

ASHES IN THE TREATMENT OF WOUNDS.

Doctor Pashkoff, in Novosti Terapii, emphatically recommends dressing recent wounds of any kind with a thin layer of ashes prepared extempore by incinerating some cotton, stuff or linen. He says dirty-looking wounds should be previously washed out with a boracic lotion. The ashes, with blood, form a protecting scurf under which the lesion

heals very rapidly. Of twenty-eight cases of cuts, crushes, stabs, etc., treated after this method, twenty-six quickly healed without any trace of suppuration.

THE MODERN TREATMENT OF CANCER.

In the accumulation of the numerous statements made in medical journals, the world over, of the efficacy of various modes of treatment employed, the general practitioner, and certainly the general reader, naturally feels grateful when he has presented to him, in tangible shape, a summary or analysis which will clearly indicate to him the very latest methods of treatment of cancer. We freely quote from an esteemed contemporary the following excellent statement as furnishing in a condensed form the most acceptable information now accessible to the profession.

The discussion on malignant growths held in the Section on Surgery and Anatomy of the American Medical Association (Journal of the American Medical Association, June 30, 1894), was noteworthy from the fact that the modern treatments of cancer—i. e., cauterization, excision and inoculation—were fully and ably set forth, with their respective claims to recognition and adoption.

As to cauterization, though its mode of application, its action penetrating beyond the tissue immediately destroyed and destroying the cancer cells of lower vitality, while leaving uninjured the normal tissues, and admirable results following its use, were clearly demonstrated, the general consensus of opinion was decidedly against it as a routine treatment, and with this verdict the great majority of surgeons are fully in accord.

Excision, particularly early excision, in the pre-cancerous stage, if possible, was the method of choice, and it was indicated that when the value of this operation shall be more fully recognized, the ultimate mortality of cancer will be far less appalling than at present.

As for inoculation, this shows thus far merely possibilities. The method however, seems to teach one lesson—i. e., that suppuration in and about the site of malignant growth exerts a distinct antagonistic effect on the extension of such growth; hence it would seem perfectly logical in such operations to en-

courage suppuration.—College and Clinical Record.

A PROFESSIONAL DISGRACE.

Not satisfied with the "sad lesson taught by experience" with the Bourgeon craze, Pasteur humbug, Listerism rage, Koch fiasco, Haffkin deception, animal extract swindles, et al., the medical press have now seized upon another novelty, viz., the antitoxine treatment of diphtheria. The same injudicious haste, the same cravings for therapeutic sensation, are manifested here, as with all the foregoing; yet a little calm reflection should convince anyone possessed of a modicum of pathological and physiological knowledge that the claims advanced are not based upon any scientific grounds, and that, having served the purpose of the faddist and of self-advertisers, this "specific" will speedily retire to "where the woodbine twineth," to keep company with other disgraces of the sort, and to add to the constantly swelling list of theories that during the last decade have tended so greatly to cast odium upon the medical profession. Indeed, the latter part of the nineteenth century, so far as medical science is concerned, seems bound to go down to posterity with the record blacker than that which pertains to the superstition of the Middle Ages, and with none of the palliation that mitigates the latter.

—Medical Age.

EXOPHTHALMIC GOITRE.

Before the Canadian Medical Association Doctor Haldimand gave the clinical history of a case, the symptoms of which were solely exophthalmos and goitre of six weeks' standing. Tachycardia was lacking, which would seem to be peculiar, since it is agreed it should be ever present; neither were there other circulatory symptoms, such as throbbing of the carotids or flushing of the face. Nothing in the family or personal history of the patient (who was a barber twenty-seven years of age) could account for the disease; with the exception of a few attacks of gonorrhea, he had never been ill. Auscultation revealed a slight systolic murmur, and the pulse was found to be somewhat irritable. The treatment employed was eight minims of tincture belladonna three times daily, under which the goitre rapidly diminished.

—Canadian Practitioner.

Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

ON TRANSMISSIBILITY OF CANCER FROM MAN TO ANIMALS.

M. Boinet, after a long series of experiments on the transmissibility of carcinoma from man to animals, states that after having made repeated inoculations on the rat, the rabbit and the guinea-pig, he concludes that histologic examination of the lesions which resulted does not authorize him to pronounce in favor of such transmission.

—*Semaine Medicale*, November 3.

FORMALIN AS A PRESERVING AND HARDENING FLUID FOR HISTOL- OGICAL PURPOSES.

(G. Bergonzoli, *Bull. Scientifico*, 1849, No. 1, p. 18.) Formaline or formal, in solution concentrated to forty per cent. of formaldehyde, is a limpid liquid, slightly opalescent, neutral or slightly acid, of a characteristic pungent odor. The antiseptic properties of formaldehyde have been studied by Leow (1886), Aronson, Berlioz and Trillat. The author has found from his observation that solutions of formaline are deodorant and disinfectant; that pieces of tissue immersed in it are rapidly fixed and hardened, and only shrink to an almost imperceptible degree. The color is perfectly preserved, only the coloring matter of the blood being dissolved. For nervous tissue it is excellent. Formaline has the advantage over alcohol that it is not inflammable and is much cheaper.

—*Rev. Internat. de Biolog. Med.*

THE HYPNOTIC EFFECTS OF CHLOR- ALOSE—(CHINELEWSKY).

The author experimented on 17 insane persons and three persons suffering from insomnia due to overwork. The doses varied between 30, 50 and 60 grams; in one case 75 cgms. was given. In one case of acute mania the drug had no effect.

In all the others the effects were very satisfactory, the patients getting sleep within 40 minutes after taking the dose, and the sleep lasting from 4 to 10 hours. In some cases, after sleeping quietly for some hours, the persons have been taken

with general convulsions, which have, however, not last long. As a general thing, chloralose may be preferred to other hypnotics. It has the advantage of not affecting the nervous system or the heart, pulmonary or intestinal system.

—*Bull. de Therap.*

TREATMENT OF URTICARIA.

Like other recurrent affections, the treatment requires to be directed to the casual indications and the constitutional symptoms.

When provoked by an external cause, as food, drink or clothing, these causes must be removed, and constitutional means employed, of which quinine, ergot, belladonna are the most successful. The diathesis is to be treated by a rigid dietary, and where rheumatic or dyspeptic conditions are present, they must be removed. For sleeplessness sulphonal, chloralose, the bromides, etc.

In all cases chloral and antipyrine should be tried. When of bronchial origin, ethereal inhalations are to be given. Locally, baths, lotions, powders, ointments, etc.

—*La France Med.*

UNVEILING OF THE STATUE OF CLAUDE BERNARD AT LYONS, ON OCTOBER 21, 1894.

Mr. Kelsch made the speech on this occasion, and said in its course, "It is not easy to praise a man whose attainments placed him so high. Although he has been dead some years, his glory is more resplendent than ever, since the immense influence he exerted on science can be estimated better now than during his life.

"From the beginning of knowledge the problem of life has been an incentive to man's curiosity, but of all the sciences physiology has been the last to develop because, aiming at a knowledge and explanation of the manifestations of life, it comprises the most complex of natural phenomena.

"But lately admitted among the sciences, it has in the course of this

century placed its foundations, found its methods, conquered its independence, undergone a complete transformation. From a simple affair of observation, it has become an experimental science, and instead of simply recording and contemplating the acts of life, has forced nature to give up many of her secrets. This has been due in great part to the genius of Cl. Bernard.

"His works have converted physiology from a servant to mistress of the sciences.

"Harvey discovered the circulation; Lavoisier revealed the source of animal heat; Bernard discovered the glycogenic function, and gave us revelations on the vasomotor system, and the secutions and the unity of life phenomena in animals and plants.

"Those memorable researches date within the last 50 years. They surprise us by their originality of conception, patience, sagacity and skill displayed in their execution, and by the horizons they open in physiology and pathology. At their head must be placed the discovery of the glycogenic function of the liver, which was certainly the newest and most fruitful of them all.

"The circulation had been foreseen from antiquity. The glycogenic function was not even suspected. The fact was not only new, but was in opposition to accredited ideas, which attributed to vegetables the sole power of creating starch and sugar.

"Organic creation is life itself; disorganization is incessant death, inseparable from the vital act. Creative synthesis remains silent and hidden while the phenomena of destruction are apparent to the eye. Every manifestation of the living being is united to apparent organic destruction—life is death.

"Physiology did not alone benefit from his discoveries, since pathology has had much light shed on it in consequence of them.

"The theories on fever, hyperemia, inflammation were greatly modified, and his researches became the substratum of pathology, the key to pathologic physiology.

"On many subjects Bernard left the imprint of his inventive genius. His studies on the nervous system, analyses of the digestive secutions, investigations of the temperature of the blood in the different parts of the body, stand as masterpieces of experimental research.

—Extract from Bull. de l'Académie de Médecine, E. W. B.

CASE OF POISONING BY EXALGINE.

The patient took 16 grammes of exalgine in 90 cc. of water. In one hour and a quarter the first symptoms showed themselves. Restlessness, gyratory vertigo, followed by falling. There was no pain and sensibility was not distinct; there were contractions and imminent asphyxia.

An emetic, cathartic, injections of caffeine and galvanization of the phrenic nerve were the means used. A bleeding gave thickened and altered blood. Convulsive crisis, followed by cyanosis supervened, and were combated by injections of caffeine and ether. Anuria lasted for twenty-two hours. The first quantity passed was analogous to urine following poisoning by carbolic acid, containing blood, bile pigment and albumen.

Improvement occurred, but for some hours the patient was slightly delirious and amnesic. Some jaundice persisted for several days, also conjunctival ecchymosis. Weber remarks on the similarity of these symptoms to those of uremia, and points out the fact that the treatment for uremia was successful in this case. Dujardin Beaumitz says that acetanilid gives rise to similar symptoms.

Beclare, at the Hospital Medical Society, of Paris, showed a case of a woman affected with myxedema, cured by the administration of sheep's thyroids. The patient presented symptoms of exophthalmic goitre, following the use of the thyroid treatment, whence the speaker, concluded that this disease in due to exaggerated secretion of the thyroid gland. She was attacked also with monoplegia and hysterical aphasia, and since she had not previously shown any neuropathic symptoms, one might infer that hysteria is not foreign to the etiology of Baridow's (or Grave's) disease.

—Prog. Medical.

DIPHThERIA.

Treatment at Hahn's clinic, Berlin: Application of ice collar, hourly gargling or spraying with 4 per cent. solution chlorate of potassium, or 1 to 4000 solution potassium permanganate in cases where fœtor is present. In nasal diphtheria, syringing of nasal cavities with 2 per cent. boracic acid or 1 to 4000 permanganate solution, plugging nostrils if epistaxis occur. Steam in cases of laryngeal obstruction. If urgent dyspnoea, low tracheotomy, removing cannula on fifth or sixth day.

Weibgen, Deut. med. Wochenschrift, July 19, 1894.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

PROGRESSIVE MYOPIA.

Quite a little has appeared in the journals of ophthalmology of late in relation to the prevention of progressive myopia by giving the fullest correction of the myopia. The success of this plan will depend entirely upon the nature of the case.

* * *

In the opinion of the writer, muscle strain is the foremost cause of progressive myopia. It is well known that exophoria is very common with myopes; but it is not always present. There may be esophoria with myopia, or convergent strabismus.

* * *

In many cases of hypermetropia there is a pseudo-esophoria, which is entirely relieved by the use of strong convex lenses. So in myopia, there is often a pseudo-exophoria, which yields readily to strong concave lenses. But it would only make the matter worse to give the full correction in myopia with esophoria, or to prescribe strong convex lenses for hypermetropes with exophoria.

* * *

The oculist who is up with the times examines every muscle in the eyes of every patient, both for far and near work. Then he prescribes lenses with reference to what he finds. It would not be scientific to make a rule to give fully correcting lenses to all cases of myopia, any more than it would to always put on the strongest lenses possible for hypermetropia, and the weakest possible for myopia. In the light of modern science, that would be like the fivall tailors down in Pennsylvania.

* * *

One tailor said he could make a suit of clothes if the customer measured himself. His rival said he could fit a suit if he had the customer's photograph; whereupon the other said he could fit a man if he only had his post office address.

* * *

A great many oculists give no attention whatever to muscle strain. A good many patients go the rounds of

oculists of this kind, and opticians, and never get any help, because their chief difficulty is a muscular one. Often the simplest thing will relieve them for all time.

* * *

The writer was not long ago talking with an oculist of repute about these patients with muscle strain, and asked the man what he did for such cases. Said he, "I ask the patient if he intends to have a vacation this summer. If he says he does, I ask him if he thinks of visiting Paris. If he answers in the affirmative, I advise him to go and see Dr. Landolt."

* * *

Doctors need advice sometimes, and it would be a good scheme if this doctor would put himself in touch with modern methods of correcting binocular disturbances. When the writer ventured to suggest this, he was rewarded with an incredulous smile.

J. A. T.

AN OPERATION TO CORRECT ASTIGMATISM.

Dr. W. H. Bates, noting the fact that after operations upon the cornea, astigmatism is produced, makes the suggestion that an operation may be made to correct high degrees of this anomaly of refraction. He makes the following propositions: (1) A corneal incision lengthens the radius of curvature of that corneal meridian which is at right angles to the line of the incision, and does not flatten any other meridian. The astigmatism produced is a regular astigmatism, and is corrected by a convex cylinder at an axis parallel to the line of the incision. (2) The immediate is greater than the ultimate result. (3) The astigmatism produced is permanent in a length of time—at least a month after the cornea has healed. There may be at first 3 D of astigmatism produced. At the end of a month there may be 2 D. At the end of three months the astigmatism may still be 2 D, and this amount will be permanent. (4) The amount of astigmatism is greater the nearer the incision is to the centre of the cornea. As much as 9 D can be produced. (5) Mixed astigmatism occurs: (a) temporarily; (b) with incarceration of the iris. The corneal incision should be made at right angles to the most convex meridian. The amount of correction can be regulated by the number, depth and location of the incisions. The author reports two cases upon which he had operated with the desired result.

"Archives of Ophthalmology."

Gynecology.

TREATMENT OF PELVIC ABSCESS.

Vogel writes on the treatment of solitary pelvic abscess by incision through the vagina. A simple puncture suffices when the abscess cavity is already cut off by pathological processes from the peritoneal cavity, as in extra-peritoneal abscess (parametritis), encapsuled intraperitoneal abscess (pyocele retro-uterina), or adhesive pyosalpinx. When the abscess wall, on incision, appears separate from the vagina, so that the cavity may not be safely cut off from the peritoneal cavity, the edges of the sac should be fixed to the vaginal wound by pressure forceps. These instruments may safely be removed in eighteen or twenty-four hours; the sac by that time will be adherent to the vagina. Hemorrhage can be checked by pressure forceps, or if from the interior of the sac, by a gauze tampon. The after-treatment of an opened abscess is of the simplest.

A T-drain and usually a strip of iodoform gauze are passed into the abscess cavity. The gauze is taken out within thirty-six hours; the T-drain is retained for about a fortnight, and only changed when the pus does not freely escape or smells fetid. The cavity is washed out once or twice with Condy's fluid. Great care is taken by Vogel lest the vaginal incision should close too soon. For several weeks, especially when the patient insists on walking about, the fistulous orifice should be dilated with the finger. A spring wire drainage tube, wrapped up in gauze, is an excellent contrivance in the late stage of treatment. It is superior to rubber tubing, as it counteracts the tendency of the wall of the fistulous orifice to contract. Vogel maintains that in making the incision the operator had best trust to his sense of touch. Specula and other instruments passed into the vagina do not always allow him to detect the prominent part of the abscess, whilst they hinder the delicate movements of the hand and increase the risk of wounding neighboring organs.

—Wien. Med. Woch., No. 39, 1894.

MORIBUND WOMEN AT TERM; HOW TO SAVE THE FOETUS.

Audebert reports the case of a woman, aged 33, who was brought into hospital dying from hemorrhage. She had received numerous wounds from a bill-hook, the left elbow and wrist were almost severed, and the lung was certainly wounded. She was a three-para and pregnant almost at term; the sounds of the foetal heart were audible, though feeble. Admitted at 3.30 P. M., she at once underwent amputation through the left elbow-joint. At 5 P. M., as she was sinking fast, Audebert thought it right to deliver at once. He gradually got his hand into the uterus, passing the fingers one by one through the os; there was much resistance. The cervix at the time was patulous, but not effaced. The dilatation could not be effected under eight minutes. Whilst an assistant performed version by external manipulation Audebert ruptured the membranes, and brought down the legs; delivery of the breech proved more difficult. The arms slipped up, the cervix caught the body below the axillary level, and it was difficult to bring down the arms. The head was delivered directly afterward. The turning took five minutes, the entire operative delivery 12 minutes. Unfortunately the child was lost, though the heart still beat feebly when it was delivered. The mother died five minutes later. The child was very big. Audebert cannot, after the above experience, prefer forced delivery to Caesarean section in cases of moribund women where an attempt is made to save the child. He had acted on that preference because, when he read a case of post-mortem Caesarean section, some obstetricians insisted that as long as the mother was alive forced labor was preferable to section, because it was less dangerous to the mother and as quick or quicker to perform. But Audebert noted that it was presumed the mother was moribund, nor was forced delivery evidently the safer; uterine rupture was quite possible. As to the second argument, it was false. It was based on the theory that the inferior uterine segment was relaxed in a dying subject. He found that, on the contrary, it contracted strongly to the last. Hence delivery took 12 minutes, while Caesarean section could have been done in five minutes, and the child might have lived. In reply to objections, Audebert stated that the use of the forceps would not have hastened forced delivery; the introduction of its second blade would have been very difficult owing to the contraction of the uterus.

—Nouvelles Arch. d'Obstet. et de Gynec., August 25, 1894.

Miscellany.

THE MARVELOUS KOLA NUT.

NATIVES OF AFRICA CONSIDER IT BENEFICIAL TO THE HUMAN SYSTEM.

Washington, Nov. 19.—The State Department has been calling upon United States consuls in Africa for specific information respecting the marvelous Kola nut, which by its peculiar action upon the muscular system enables the African negroes to make long journeys, bearing enormous loads under tropical suns and across difficult country without food. Cases authentically reported prove that an old negro may carry a 176-pound bag of coffee four leagues by chewing a single nut slowly. Robert P. Porley, United States consul at Sierra Leone, Africa, has sent in the first report on this subject, treating of the means of growing and preparing the nuts. He says the natives eat the nuts in early morning as a stay against the want of ordinary food, while traveling, and in the evening to induce sleep. Altogether they consider that a general benefit to the human system is derived from the consumption of the Kola, say a single nut morning and evening.—Detroit Free Press.

(Ed. Note.—We are just in receipt of an exhaustive monograph on Kola, issued by the scientific department of Frederick Stearns & Co., Detroit, Mich., which gives full information regarding the wonderful tonic stimulant properties of this drug, and many interesting facts relating to its growth and the important part it plays in the social intercourse between the natives of Africa, where it is indigenous. Messrs. F. Stearns & Co. were the introducers of Kola nuts to the medical and pharmaceutical professions of the United States, being the first to offer the drug for sale in the beginning of the year 1881. They are headquarters for Kola nuts in this country, importing them in the fresh

state in immense quantities direct from Africa. Any physician who is desirous of obtaining a sample of the fresh nuts for planting or a copy of the monograph on Kola should address their scientific department).

HERE IS A GOOD THING.

"We have on our table one of the pocket cases now being given as a premium to new subscribers to Dr. Abbott's Alkaloidal Clinic. It is a wonder how so much value can be given for so little money, even as an advertisement. But, then, anyone who buys of the 'Abbott Alkaloidal Company' once is sure to again. The case itself is substantial in every way, and, then, look at the list they offer to select from (see advertisement on another page). It embodies all the principal alkaloidal remedies. They are sending out hundreds of these cases, and we wonder they can supply the demand. Their new \$3.00 offer, made in the same advertisement, is just a bigger good thing."

THE OLDEST MAN IN THE WORLD.

A Frenchman, now living in Russia, is said to have attained the immense age of 126 years. From a very interesting account of his life, just published in a Russian journal, it appears that he was born in Paris on April 17, 1768. He has a vivid recollection of the "Terror." He joined Napoleon's army in 1798. He fought in the battles of Austerlitz and Jena, shared in the campaigns of Egypt and Spain, and finally was one of the 400,000 men who followed Napoleon to Moscow.

A BAD PRECEDENT.

An Indian in Madera, Cal., has established a bad precedent by killing a doctor who agreed to cure his wife and did not do so, but who yet collected his fee—took the man's horse—for professional services.

Notes by the Wayside.

BY ERNEST B. SANGREE, A. M., M. D.,
PHILADELPHIA.

The handling of edged tools has become proverbial as a sign of caution or carefulness, but I am often surprised at the singular carelessness with which people handle deadly drugs. Things that can be seen appeal much more strongly to the average mortal than that which must be apprehended through the reason alone, and this is no doubt the explanation.

* * *

Last year at Atlantic City I was hastily called to see a gentleman who had unintentionally swallowed a five-grain tablet of corrosive sublimate.

He had been carrying in his pocket or pockets two kinds of tablets, similar in shape; one a harmless preparation for indigestion and the other the corrosive sublimate tablets, for what purpose I now forget. Prompt antidotes and emetics saved his life, and it is hardly likely that he will make a similar mistake again.

* * *

A few weeks since a young man consulted me about his throat, and in the course of conversation told me that a friend had suggested his gargling with a mixture of equal parts of whisky and carbolic acid. He was about to do this, but on second thought decided to ask me first whether it would be good for his throat. He afterwards learned that his friend had said whisky and glycerine.

* * *

I wonder whether pokeberry juice would be good to set up a counter inflammation in the eye, in the same way that the jerequity root has been used. Some days since a woman came to my office with a violent inflammation of the entire conjunctiva of one eye. She had been prouncing up pokeberries to make some kind of old-fashioned liniment for her husband's horse, and a drop of the juice shot up in her eye.

* * *

The only additional instance of inflammation from pokeberries that I know of happened some years ago when I was a student at a classical institution. It was a case of inflammatory gorge, so to speak, and was aroused in this manner:

A political discussion between a hot-blooded young Southerner and a very decided Northern student grew so warm and violent that, as Shakespeare says, they exchanged the "lie direct."

Knowing the Southerner's disposition, some mischievous schoolmates fanned his wrath and insisted that nothing could properly assuage his wounded honor but a duel. The challenge was accordingly sent, with all the due proprieties, to the Northern student, who was let into the secret, and who promptly accepted the challenge. Early on a cold, bleak November morn, the two enemies with their seconds met at an isolated spot, distant from the college, and, the preliminaries accomplished, assumed their positions.

The northern student's pistol had no ball in it, but the Southern boy's contained a large ripe pokeberry. At the word both fired, and the student from the South being a good marksman, shot his antagonist with the juicy berry fair on his white shirt front, and make-believe blood scattered about in a most surprising manner. The student who was shot dramatically threw up his arms, uttered a dreadful groan and fell prostrate.

The rest of the young rascals ran to the Southern boy, paralyzed at the awful situation, thrust him into a carriage they had waiting, telling him that he must escape from the State at all hazards, and two of them started with him rapidly south towards the Maryland border, about thirty miles distant. All the way they fed his fears, seeing detectives behind every tree, and hearing pursuers at every rustle of the bushes, until they had the poor fellow nearly wild. When the Maryland border was reached they informed him of the joke, and—well, it's best to draw a veil over the scene that occurred.

Suffice to say, that after his anger had cooled, he was so ashamed that he kept on south, and never appeared again at the college.

Correspondence.

COCAINE POISONING.

A reply to Dr. Mattison's article in November 3 issue.

I have read Dr. Mattison's article relating to cocaine poisoning. I find myself in the position of the lawyer who was employed to defend a case. The plaintiff's attorney made a plea of two hours. When he had finished, the other said to the Court, "I shall submit the case as my brother has done, without argument."

Boston, Nov. 26, 1894.

JOHN A. TENNEY